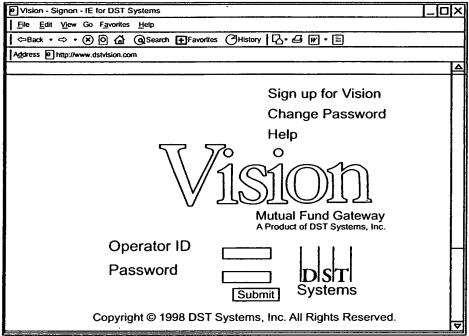
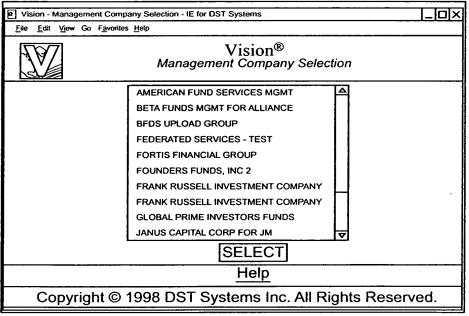


Figure 6



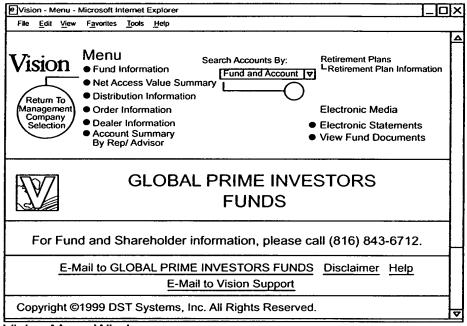
Sign on window

FIGURE 8(A)



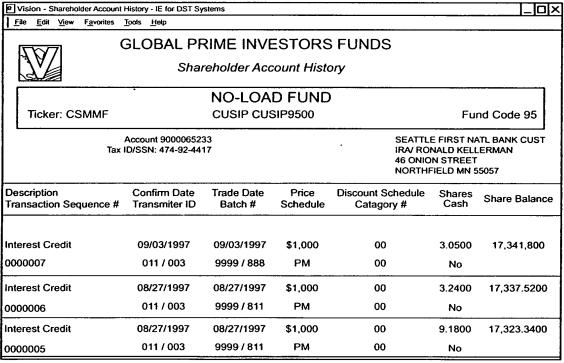
Management Company Selection window

FIGURE 8(B)



Vision Menu Window

FIGURE 8(C)



Shareholder Account History Window

FIGURE 8(D)

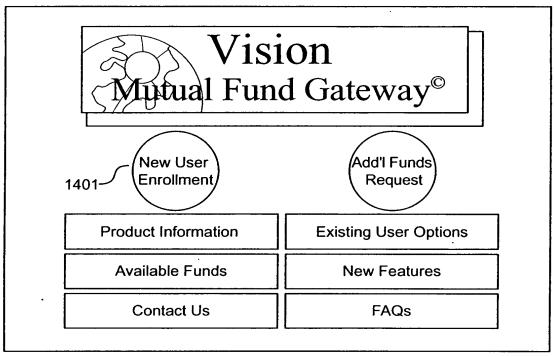


FIGURE 14(a)

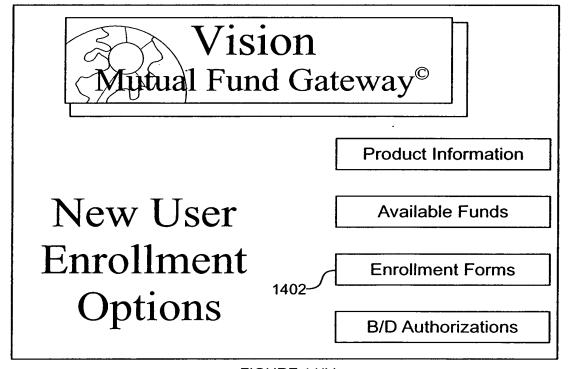


FIGURE 14(b)

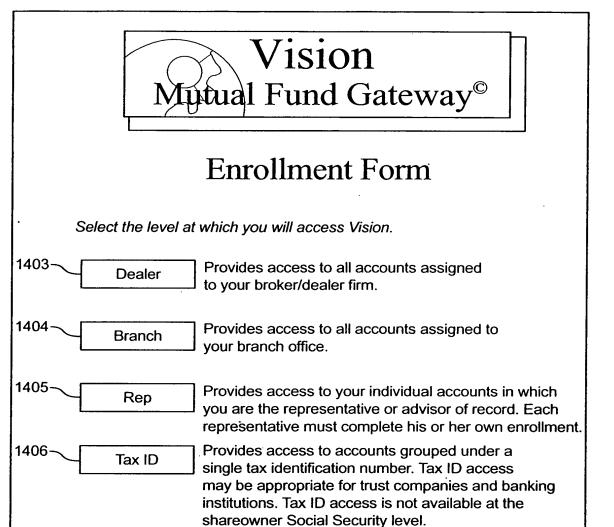


FIGURE 14(c)



## Enrollment Form Dealer Access

This enrollment form provides access to all accounts assigned to your Broker/Dealer firm. If you are in the incorrect form, please click "Cancel & Close Window". If this is the correct form for the access you require, please scroll down to complete. Fields marked in bold are required.

Cancel & Close Window

Broker/Dealer Name:		
	Last:	First:
Contact Person:		
Contact's E-Mail Address:		
	Correspondence regardir is communicated by e-ma without a valid e-mail add some communication ma	ng Vision access ail; fress, y be delayed.
Mailing Address:		
	•	
City:	State or Province:	ZIP Code:
Country:	United States	
Phone Number:	ex	rt.
Fax Number:		
Number of Required Vision IDs:	1	
	Continue	
	Cancel Enrollment	

FIGURE 14(d)



## Enrollment Form Branch Access

This enrollment form provides access to all accounts assigned to your branch office. If you are in the incorrect form, please click "Cancel & Close Window". If this is the correct form for the access you require, please scroll down to complete. Fields marked in bold are required.

	Cancel & Close Window	
Broker/Dealer Name: Firm Name:		
Contact Person: Contact's E-Mail Address:		First:
Mailing Address:	Correspondence regardir is communicated by e-mai without a valid e-mail add some communication ma	ail; Iress,
City:	State or Province:	ZIP Code:
Country:	United States ▼	L
Phone Number: Fax Number:	(,	xt.
Number of Required Vision IDs:	1	
	Continue Reset	
[	Cancel Enrollment	

FIGURE 14(e)



## Enrollment Form Representative Access

This enrollment form provides access to your individual accounts in which you are the representative or advisor of record. Each representative must complete his or her own enrollment. If you are in the incorrect form, please click "Cancel & Close Window". If this is the correct form for the access you require, please scroll down to complete.

Fields marked in bold are required.

Cancel & Close Window

Fields marked in bold are required. Correct completion of this form is essential to processing your enrollment. An incomplete form will be returned to you and your enrollment will not be processed until the correct information is submitted.

(If you are not affiliated with a Broker/Dealer, type FEE ADVISOR in this field.)

	type i EE / to vice of this held.)
Broker/Dealer Name:	
Firm Name:	
	Last: First:
Contact Person:	
Contact's E-Mail Address:	
Mailing Address:	Correspondence regarding Vision access is communicated by e-mail; without a valid e-mail address, some communication may be delayed.
City:	
	State or Province: ZIP Code:
Country:	United States ▼
Phone Number:	( ext. =
Fax Number:	(
Number of Required Vision IDs:	1
	Continue Reset
	Cancel Enrollment

FIGURE 14(f)

